

Office of the Court Appointed Special Advocate

2801 10th Street • Everett, WA 98201-4046

Office: (425) 388-7854

Fax: (425) 388-7856

CASA@snoco.org



Application for Volunteer CASA Position: Part I

Applicant Information

Full Name: _____ Preferred Name: _____

Last First M.I.

Address: _____

Street Address Apartment/Unit #

City State ZIP Code

Cell Phone: _____ Work Phone: _____ OK to Call YES NO

Preferred Phone: _____ Email: _____

Training Session Applying For (Month): _____ Date of Birth: _____

Gender Identity: _____ Pronouns: _____ Race/Ethnicity: _____

During the COVID-19 health pandemic, in-person visits and/or contact with children, families, caregivers, or partner stakeholders require all CASA staff and volunteers to wear a face mask. Until further notice, in-person contact requires supervisory approval, adherence to the mask mandate and CASA signature of the Release and Waiver of Liability.

I agree to comply with these requirements. _____

How did you hear about the Office of the Court Appointed Special Advocate? _____

Have you ever volunteered for a CASA program? YES NO If yes, when/where? _____

Have you ever been arrested, charged and/or convicted of a felony? YES NO

If yes, explain: _____

Education

High School Mark Years Completed **9** **10** **11** **12** YES NO Diploma: YES NO

College Name: _____ Years Completed: 1 2 3 4 5 6 7 8

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Years Completed: 1 2 3 4 5 6 7 8

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Total Years Education _____ Are you still YES NO If yes, how
Count 12 years for completing high school _____ attending school _____ often? _____

References

Please list three references; 2 must be professional, one may be personal. Family members will not be considered.

Full Name: _____ Relationship: _____
Address: _____ Phone: _____
Email: _____

Full Name: _____ Relationship: _____
Address: _____ Phone: _____
Email: _____

Full Name: _____ Relationship: _____
Address: _____ Phone: _____
Email: _____

Employment History

Company: _____
Address: _____
Job Title: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____
Address: _____
Job Title: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Volunteer History

Organization: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Organization: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Have you ever been asked to leave a volunteer position? Yes No If yes, Why? _____

Specialized Training or Experience

Do you have specialized training or experience in any of the following areas?

| | |
|--|---------------------------------------|
| _____ Adverse Childhood Experiences (ACES) | _____ Indian Child Welfare Act (ICWA) |
| _____ Autism | _____ LGBTQ Youth Advocacy |
| _____ Bilingual (if so what languages?) | _____ Mental Health Issues |
| _____ Child Developmental Delays | _____ Special Education |
| _____ Dependency Court System | _____ Substance Abuse/Alcoholism |
| _____ Domestic Violence | _____ Trauma Informed Care (TIC) |

Have you ever worked for the juvenile court system? Yes No

Have you ever worked for the Department of Children, Youth & Families? Yes No

Have you ever been a foster parent? Yes No

Are you currently a foster parent? Yes No If yes, name of County: _____

Driver's License Verification

Do you hold a valid Washington State Driver's License? Yes No Please submit a copy of your Driver's License with application.

Do you have vehicle insurance? Yes No Please provide a copy of your vehicle insurance with application.

Do you have convenient access to a car/transportation? Yes No

Do you have any restrictions on your ability or willingness to drive? Yes No If Yes, What? _____

Disclaimer and Signature

I understand that by submitting this application, I authorize inquires to be made concerning my suitability as a volunteer. I further acknowledge that my service as a volunteer is an at-will appointment and may be terminated by the Office of the Court Appointed Special Advocate at any time. The information requested in this application, and such as may otherwise be obtained, will be used only for the purpose of determining suitability as a volunteer.

Criteria used in the selection of volunteers will be such as to insure the individual is able to meet the responsibilities of a volunteer court appointed special advocate. No individual will be rejected because race, color, creed, religion, sex, sexual orientation, gender identity, gender expression, age, disability, ancestry, national origin or marital status/civil union or domestic partnership status.

Completion of application, interview and pre-service training process does not guarantee acceptance into the program.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a volunteer position, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

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Application for Volunteer CASA Position: Part II *(When responding, you are not limited to the space provided. Feel free to include additional pages if needed.)*

Supplemental Questions

Why do you want to be a court appointed special advocate?

Please describe any life experiences which enhance your ability to advocate for children and understand families involved in the system.

Have you or any members of your household ever been involved with the foster care system or Child Protective Services? If yes, please elaborate.

Supplemental Questions Continued

Describe some opportunities you have had to work in diverse, multicultural and inclusive settings and how this will contribute to your role as a CASA volunteer.

CASAs need to be able to utilize MS Office Suite to write reports (MS Word, SharePoint, or Office 365), organize calendar events and manage several email folders (MS Outlook). What is your skill level and experience utilizing MS Office Suite? What areas, if any, do you need further training and are you willing to seek out this training in order to utilize the software?

CONSENT TO RELEASE INFORMATION

Licensing regulations require a background check on all persons employed by a licensee, volunteering for a licensee, living with a licensee or having significant amount of contact with person in care of the licensee. RCW 74.15.030(2)(b), WAC 388-06A. Chapter 13.34 RCW also requires a criminal history review of all court appointed special advocates. RCW 13.34.100(3)(i)(j).

Your signature on this form allows the Department of Children, Youth and Families (DCYF) and any and all law enforcement agencies; including WSP and FBI; to check for criminal records, for child abuse and neglect with the DCYF Central Registry and with DCYF records and with any other social service agency in any jurisdiction in which you may have resided. I authorize the release of all background information to the Snohomish County Office of the Court Appointed Special Advocate.

If you wish to be considered for a volunteer position with the Snohomish County Office of the Court Appointed Special Advocate, you must complete this form in its entirety. **ORIGINAL OR CERTIFIED DIGITAL SIGNATURE NEEDED**

Applicant Information

Full Name: _____
First Full Middle Any Nicknames Last

Maiden Name Previous Married Name(s)

Any other names used (aliases):

Race: _____ Social Security No.: _____ Date of Birth: _____

Current Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Please list below ALL the residences where you have resided in the past ten years (if they differ from your current residence address) to include any residences outside of Washington State. Please attach a separate page if needed.

I understand my fingerprint background check will be submitted to both the Washington State Patrol and FBI to check for criminal history records. I understand that if I have a criminal history record, I will have opportunity to verify or challenge the results of the records obtained. I understand that my criminal history record check results will only be used for authorized purposes by the Snohomish County Office of the Court Appointed Special Advocate. (Criminal history information is not disseminated to other agencies.)

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature: _____ Date: _____

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the program must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the opportunity to volunteer based on information in the criminal history record.²
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

1 Written notification includes electronic notification, but excludes oral notification.

2 See 28 CFR 50.12(b).3 See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616